

PERMISSION FORM

GS Troop Leader/Advisor please check all that apply (* Requires Activity Approval Notification)

- Day Trip Overnight * High Risk * Sensitive Issue * Money Earning *

GENERAL INFORMATION: All activities will be conducted in accordance with the *GSUSA and GSNEX Policies and Procedures* regarding safety and adult supervision. Retain the top portion of this form for your records.

For High Risk Activities:

GS Troop/Group #	Activity Date Start	Activity Date End	Each child should bring:
Activity			Leader
Activity Location			Leader Phone
Departure Time and Place			Emergency Contact
Return Time and Place			Emergency Contact Phone
Transportation Type	Cost	Complete and return form by	

For programs that include horseback riding, white water rafting, canoeing, caving, rock climbing, rappelling, swimming, or other physically strenuous or hazardous activities, parent/guardian should recognize that these activities can be dangerous and that sometimes serious injuries may occur. (www.gsnex.org)

For Sensitive Issue Activities:

For programs that are highly personal in nature or rooted in beliefs or values, e.g., AIDS, Child Abuse, human sexuality and religion; parent/guardian should discuss this activity with their child. Attendance is optional for all or part of the activity. However, it is the parent or child's responsibility to communicate this to the GS Troop Leader prior to the activity date.

PARENT/GUARDIAN PERMISSION – Activity Name: _____ Date: _____

Return this portion to the GS Leader/advisor by date indicated above.

I am the parent/guardian of _____

I have read the description of the activity planned for (date) _____

My child will pay the fee of \$ _____

I will be responsible for ensuring that my child brings the required equipment and attends only if in good physical condition.

I give special permission and/or instructions for the following medication(s) _____
 _____. This medication(s) will be properly labeled in original container and given to the adult First Aider.

1st Parent/Guardian: _____ Phone _____

2nd Parent/Guardian: _____ Phone _____

Emergency Contact: _____ Phone _____

I have provided medication(s) for my child to take with the supervision of the GS Leader/First Aider: yes no (attach a list if necessary – must be in original container)

Medication	Dosage	How Often

For High Risk Activities:

I have read the Safety Activity Checkpoints (www.gsnex.org). I understand that my child will be exposed to above normal risk of injury. To the best of my knowledge, my child has the maturity, required skills, and physical ability to participate in the activity described above.

Initial	Date
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For Sensitive Issue Activities:

I have read the Safety Activity Checkpoints (www.gsnex.org). I understand that my child will be exposed to issues and discussion that are, or could be, considered to be of a sensitive or controversial nature. I have discussed this activity with my child and am confident of her maturity/ability to participate.

Initial	Date
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I give my permission for my child to participate: yes no

Signature _____ Date _____

Note: If this is a high risk or sensitive issue, please initial and date the appropriate box.